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To	Examiner N. Kopsidas	From:	Virginia S. Andrews
Company	U.S. Patent & Trademark Office	Date	6/5/98
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Message

RESPONSE TO U.S.S.N. 08/533,589, FILED 9/25/95

EXAMINER N. KOPSIDAS, GROUP ART UNIT 3727

RECEIVED
AUG 11 1998
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If you have any problem with this transmission please call: **Becky Kirk (804) 520-3186**

* * * TRANSMISSION RESULT REPORT (JUN. 5. 1958 9:36PM) * * *

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DATE	TIME	ADDRESS	MODE	TIME	PAGE	RESULT	PERS. NAME	FILE
JUN. 5.	9:34PM	703 305 3579	TES	2'14"	P. 7	OK		981

: BATCH
M : MEMORY
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G.P. 3727

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AMENDMENT TRANSMITTAL LETTER				ATTORNEY'S DOCKET NO.: 30-3744		
SERIAL NUMBER: 08/533,589	FILING DATE: 9/25/95	EXAMINER: N. Kopsidas	GROUP ART UNIT: 3727			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>INVENTION</p> <p>BLAST RESISTANT AND BLAST DIRECTING CONTAINERS AND METHODS OF MAKING</p> <p>INVENTOR: FOR PALLEY ET AL.</p> </div> <div style="width: 65%; text-align: right;"> <p>AUG 11 1998</p> </div> </div>						
<p>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.</p>						
CLAIMS AS AMENDED						
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NO. OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	56	MINUS	117	—	X \$22	—
INDEP. CLAIMS	4	MINUS	11	—	X \$82	—
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					—	
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input type="checkbox"/> No additional fee is required.</p> <p><input checked="" type="checkbox"/> Charge \$ _____ to Deposit Account No. <u>01-1125</u>. A triplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The undersigned petitions for any extension of time for filing this document required under 37 C.F.R. 1.136 and requests that the fee be charged to Deposit Account No. <u>01-1125</u>. A triplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Charge any additional fees to Deposit Account No. 01-1125</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p style="text-align: center;">June 5, 1998</p> <p style="text-align: center;">Date</p> <p style="text-align: center;">804-520-3651</p> <p style="text-align: center;">Phone</p> </div> <div style="width: 45%;"> <p style="text-align: center;"><i>Virginia S. Andrews</i></p> <p style="text-align: center;">Signature</p> <p style="text-align: center;">Virginia S. Andrews</p> <p style="text-align: center;">Attorney Name</p> <p style="text-align: center;">29,039</p> <p style="text-align: center;">Reg. Number</p> </div> </div>						